

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

09/12/2003 FFANAEIA 00000065 191025 10659813

01 FC:1001 750.00 DA  
02 FC:1202 288.00 DA

12/09/2003 TLUU11 00000018 191025 10659813

01 FC:1202 576.00 DA  
02 FC:1203 280.00 DA

PTO-1556  
(5/87)

02570 U.S. PTO  
09/11/60

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# UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under 37 CFR 1.53(a))*

Attorney Docket No.	00479/2/US
First Inventor	M.P. Warchol
Title	Method for Ophthalmic Administration of Medicament
Express Mail Label	ER 078630260 US

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		<b>Commissioner for Patents</b> Mail Stop Patent Application P. O. Box 1450 Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	<input type="checkbox"/> Computer Readable Form (CRF)
3. <input checked="" type="checkbox"/>	Specification <i>(Total Pages 19)</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	a. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul>	<input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) <i>(Total Sheets 1)</i>	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration	<i>(Total Pages )</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
a. <input type="checkbox"/>	Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
i. <input type="checkbox"/>	<b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: / <i>Prior application information: Examiner _____ Group / Art Unit: _____</i> <b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		26648 <small>(Insert Customer No. or Attach bar code label here)</small>	
or <input type="checkbox"/> Correspondence address below			
Name: <b>PHARMACIA CORPORATION</b> Global Patent Department Address: <b>575 Maryville Centre Drive, 5th Floor</b> Mail Zone 1006 City: <b>St. Louis</b> State: <b>MO</b> Zip Code: <b>63141</b> Country: <b>U.S.A.</b> Telephone: <b>314-274-6812</b> Fax: <b>314-274-9095</b>			
Name (Print/Type): <b>James C. Forbes</b>		Registration No. (Attorney/Agent): <b>39,457</b>	
Signature: <b>James C. Forbes</b>		Date: <b>Sept. 11, 2003</b>	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.